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APPLICATION DATA SHEET

Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	INHALATION THERAPY DEVICE
Attorney Docket Number::	P0777.70003US00
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	5
Small Entity?::	No
Petition Included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Applicant One Given Name::	Franz
Family Name::	Feiner
City of Residence::	Munich
Country of Residence::	Germany
Street of Mailing Address::	Ludwigshöherstr. 42
City of Mailing Address::	Munich
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	D-81479

APPLICATION DATA SHEET

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Applicant Two Given Name:: Markus
Family Name:: Borgschulte
City of Residence:: Munich
Country of Residence:: Germany
Street of Mailing Address:: Schönstrasse 116
City of Mailing Address:: Munich
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-81543

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Applicant Three Given Name:: Wolfgang
Family Name:: Achtzehner
City of Residence:: Alling
Country of Residence:: Germany
Street of Mailing Address:: Rossfeldstrasse 41
City of Mailing Address:: Alling
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-82239

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Applicant Four Given Name:: Eduard
Family Name:: Kunschir
City of Residence:: Munich
Country of Residence:: Germany
Street of Mailing Address:: Baaderstrasse 3
City of Mailing Address:: Munich

APPLICATION DATA SHEET

Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-80469

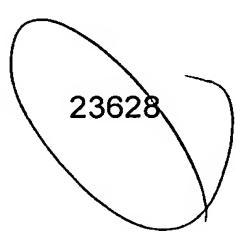
Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Applicant Five Given Name:: Joseph
Family Name:: Lass
City of Residence:: Munich
Country of Residence:: Germany
Street of Mailing Address:: Hiltenspergerstrasse 29
City of Mailing Address:: Munich
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-80798

Correspondence Information

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Representative Information

Representative Customer Number::



23628

Domestic Priority Information

APPLICATION DATA SHEET

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
WO	PCT/EP03/12076	10/30/03	Yes
DE	10250625.6	10/30/02	Yes

Assignee Information:

Assignee One Name:: Pari GmbH Spezialisten für effektive
Inhalation
Street of Mailing Address:: Moosstrasse 3
City of Mailing Address:: Starnberg
Country of Mailing Address:: Germany
Postal or Zip Code of Mailing Address:: D-82319